

# FEMALE POPULATION CONTROL QUESTIONNAIRE

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**IDENTIFIER SHEET**

1. Interviewer's name: \_\_\_\_\_ 2. Interviewer's ID \_ \_

3. Hospital: \_\_\_\_\_

4. Date of interview: \_ \_ / \_ \_ / \_ \_ \_ \_ \_

5. Start time: \_ \_ : \_ \_ am/pm

6. Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

7. Date of birth \_ \_ / \_ \_ / \_ \_ \_ \_ \_

8. Gender: ( ) Male ( ) Female

9. Address

_____		_____	
Street		Apt. No.	
_____		_____ - _____	
City	State	Zip Code	

10. Telephone number Home : ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ \_

Work: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ \_ Ext. \_ \_ \_ \_ \_

11. What is the name; address and telephone number of a person who can help us contact you in the future or your next of kin?

_____	_____
Name	Relationship to patient

_____		_____	
Street		Apt. No.	

_____		_____ - _____	
City	State	Zip Code	

Home telephone number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ \_

**SOCIO-ECONOMIC INFORMATION**

*Now I would like to ask you some general information about you.*

1. What is your marital status?  
☐ <sub>1</sub> Single, never married  
☐ <sub>2</sub> Married  
☐ <sub>3</sub> Divorced  
☐ <sub>4</sub> Separated  
☐ <sub>5</sub> Has a partner, living as married  
☐ <sub>6</sub> Widowed
  
2. Do you consider yourself to be:  
☐ <sub>1</sub> White/Caucasian  
☐ <sub>2</sub> Black/African American  
☐ <sub>3</sub> Asian  
☐ <sub>4</sub> Native Hawaiian/Other Pacific Islander  
☐ <sub>5</sub> American Indian/Alaska Native
  
3. Do you consider your self Hispanic/Latino or Non Hispanic/Latino?  
☐ <sub>1</sub> Hispanic/Latino      ☐ <sub>2</sub> Non Hispanic/Latino
  
4. Most people in the United States have ancestors who came from other parts of the world. Please tell me what country or countries your ancestors came from.  
  
\_\_\_\_\_
  
5. What is your age? \_\_\_\_\_

**TOBACCO HISTORY: GENERAL**

Next, I would like to ask you some questions about any smoking history you may have.

1. Have you ever smoked more than 100 cigarettes, which is equivalent to five packs, in your life? ( )<sub>0</sub> No **(Skip to next section)** ( )<sub>1</sub> Yes

2. Please tell me about your smoking history. I will be asking you questions about any times you may have stopped or changed your patterns. Continue to add additional columns as needs on tablet computers.

Period	1	2
a. In what year did you start smoking cigarettes or change your patterns?	— — — —	— — — —
b. What was the average number of cigarettes or packs per day you smoked during this time?	( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs	( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs
c. After starting, did you change your patterns or stop smoking for more than 6 months?	( ) <sub>0</sub> No <b>(Skip to 3)</b> ( ) <sub>1</sub> Stopped smoking ( ) <sub>2</sub> changed pattern	( ) <sub>0</sub> No <b>(Skip to 3)</b> ( ) <sub>1</sub> Stopped smoking ( ) <sub>2</sub> changed pattern
d. In what year did you stop smoking or change your patterns for more than six months?	— — — — If this is a change of pattern, skip to 2a	— — — — If this is a change of pattern, skip to 2a
e. Did you start smoking again?	( ) <sub>0</sub> No <b>(Skip to 3)</b> ( ) <sub>1</sub> Yes <b>(Skip to 2a)</b>	( ) <sub>0</sub> No <b>(Skip to 3)</b> ( ) <sub>1</sub> Yes <b>(Skip to 2a)</b>

**If R stopped smoking more than 6 months ago, Skip to 6**

3. Have you increased or decreased your amount of cigarette smoking in the last 6 months? ( )<sub>0</sub> No **(Skip to 6)** ( )<sub>1</sub> Yes

Period	1	2	3
4. How long ago did you change your level of smoking?	— — ( ) <sub>1</sub> weeks ( ) <sub>2</sub> months	— — ( ) <sub>1</sub> weeks ( ) <sub>2</sub> months	— — ( ) <sub>1</sub> weeks ( ) <sub>2</sub> months
5a. Since then, what is the average amount of cigarettes you smoked per day?	— — ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs	— — ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs	— — ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs
5b. Did you change your level of smoking again?	( ) <sub>0</sub> No <b>(Skip to 6)</b> ( ) <sub>1</sub> Yes <b>(Skip to 4)</b>	( ) <sub>0</sub> No <b>(Skip to 6)</b> ( ) <sub>1</sub> Yes <b>(Skip to 4)</b>	( ) <sub>0</sub> No <b>(Skip to 6)</b> ( ) <sub>1</sub> Yes <b>(Skip to 4)</b>

6. How many cigarettes have you smoked in the last 48 hours? \_ \_ \_

**TOBACCO HISTORY: GENERAL** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**TOBACCO HISTORY (I)**

1. Can you tell me the brand name of the cigarettes that you smoked the longest?  
\_\_\_\_\_
2. What is the most recent brand that you smoked? \_\_\_\_\_
3. *When you were last smoking regularly, can you tell me, how soon after you (wake/woke) up (do/did) you smoke your first cigarette? (Read Responses)*
  - ( )<sub>1</sub> Within 5 minutes
  - ( )<sub>2</sub> 6 - 30 minutes
  - ( )<sub>3</sub> 31 - 60 minutes
  - ( )<sub>4</sub> After 60 minutes
4. (Do/Did) you find it difficult not to smoke in places where it is forbidden, such as a church, library, or public building? ( )<sub>0</sub> No ( )<sub>1</sub> Yes
5. Which cigarette would you (hate/have hated) most to give up?
  - ( )<sub>0</sub> None/can't decide
  - ( )<sub>1</sub> The first one in the morning
  - ( )<sub>2</sub> All others
  - ( )<sub>3</sub> After Meals
6. (Do /Did) you smoke more frequently during the first hours after waking than during the rest of the day? ( )<sub>0</sub> No ( )<sub>1</sub> Yes
7. (Do\did) you smoke if you (are/were) so ill that you (are/were) in bed most of the day?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes
8. During periods when you smoke(d), (do/did) you usually smoke filter or non-filter cigarettes?
  - ( )<sub>1</sub> Filter
  - ( )<sub>2</sub> Non-Filter
  - ( )<sub>3</sub> Both
9. During periods when you smoke(d), (do/did) you usually smoke menthol or non-menthol cigarettes?
  - ( )<sub>1</sub> Menthol
  - ( )<sub>2</sub> Non-Menthol
  - ( )<sub>3</sub> Both
10. When smoking cigarettes, do/did you usually inhale?  
( )<sub>0</sub> No **(Skip to 12)** ( )<sub>1</sub> Yes
11. Did you inhale slightly, moderately, or deeply?
  - ( )<sub>1</sub> Slightly
  - ( )<sub>2</sub> Moderately
  - ( )<sub>3</sub> Deeply
12. During your childhood, until you moved out of your childhood home, did anyone in your home smoke cigarettes?

( )<sub>0</sub> No ( **Skip to 15** ) ( )<sub>1</sub> Yes

13. How many people smoked in your home? \_ \_

14. Who smoked in your home during childhood?

Columns repeat on tablet computers as much as needed.

		1	2	3	4
<i>Please tell me their first names.</i>					
a.	What is their relationship to you?	(Shortened dictionary) ~~~~	~~~~	~~~~	~~~~
b.	Would you say they smoked lightly, moderately, heavy or you do not know?	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK
c.	On the average, how many cigars, pipes, cigarettes or packs per day (does/did) (he/she) smoke at home?	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes
d.	For how many years did (he/she) smoke while you were in the home?	_____ < 1 year = 1 year	_____ < 1 year = 1 yr	_____ < 1 year = 1 yr	_____ < 1 year = 1 yr

15. As an adult, does or did your (wife/husband/partner) or anyone else smoke or smoked cigarettes in your home? **(If smoking is done only outside the home, then do not include.)** ( )<sub>0</sub> No ( **Skip to 18** ) ( )<sub>1</sub> Yes

16. How many people smoke or smoked in your home? \_ \_

## 17. Who smoked in your home as an adult?

Columns repeat on tablet computers as much as needed

		1	2	3	4
<i>Please tell me their first names.</i>					
a.	What is their relationship to you?	Shortened Dictionary ~~~~	~~~~	~~~~	~~~~
b.	Would you say they smoked lightly, moderately, heavy or you do not know?	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK
c.	On the average, how many cigars, pipes, cigarettes or packs per day (does/did) (he/she) smoke at home?	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes
d.	For how many years did (he/she) smoke while you were in the home?	_____ < 1 year = 1 yr	_____ < 1 year = 1 yr	_____ < 1 year = 1 yr	_____ < 1 year = 1 yr
e.	Did (he/she) stop smoking while you were in the house?	( ) <sub>0</sub> No (17g) ( ) <sub>1</sub> Yes	( ) <sub>0</sub> No (17g) ( ) <sub>1</sub> Yes	( ) <sub>0</sub> No (17g) ( ) <sub>1</sub> Yes	( ) <sub>0</sub> No (17g) ( ) <sub>1</sub> Yes
f.	How long ago did (he/she) stop smoking?	_____ ( ) <sub>1</sub> months ( ) <sub>2</sub> years ( ) <sub>3</sub> weeks	_____ ( ) <sub>1</sub> months ( ) <sub>2</sub> years ( ) <sub>3</sub> weeks	_____ ( ) <sub>1</sub> months ( ) <sub>2</sub> years ( ) <sub>3</sub> weeks	_____ ( ) <sub>1</sub> months ( ) <sub>2</sub> years ( ) <sub>3</sub> weeks
g.	During the last thirty days, how many cigars, pipes, or cigarettes per day did (he/she) smoke at home?	_____ 66= Deceased 77=Not living in the house	_____ 66= Deceased 77=Not living in the house	_____ 66= Deceased 77=Not living in the house	_____ 66= Deceased 77=Not living in the house

## 18. Were you exposed to cigarette smoke in your work place during the last 48 hours?

- ( )<sub>0</sub> No  
 ( )<sub>1</sub> Yes  
 ( )<sub>2</sub> Not at work in the last 48 hours  
 ( )<sub>3</sub> Not currently working (or retired)

## 19. In your workplace, were you employed at a job or jobs for more than five years where co-workers smoked cigarettes in your immediate area?

- ( )<sub>0</sub> No                      ( )<sub>1</sub> Yes

20. For how many years were you working a job where people smoked regularly in your immediate work area?

\_\_\_ \_\_\_ ( If 00, skip to next section)

21. How long ago has it been since you were working at a job where people smoked regularly in your immediate work area?

( )<sub>1</sub> Today

( )<sub>2</sub> \_\_\_ Day(s)

( )<sub>3</sub> \_\_\_ Month(s)

( )<sub>4</sub> \_\_\_ Year(s)

22. Would you say you were exposed at work to cigarette smoke lightly, moderately, heavy or you do not know?

( )<sub>1</sub> Lightly

( )<sub>2</sub> Moderately

( )<sub>3</sub> Heavy

( )<sub>4</sub> Do not know

**TOBACCO HISTORY (I)** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor



**TOBACCO HISTORY (II)**

1. Have you ever smoked at least one cigar a month for more than 6 months?

( )<sub>0</sub> No ( )<sub>1</sub> Yes

2. Have you ever smoked a pipe on a daily basis for more than 6 months?

( )<sub>0</sub> No ( )<sub>1</sub> Yes

**TOBACCO HISTORY (II)** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

## ALCOHOL HISTORY

*Now, I would like to ask you some questions about any alcoholic beverages you may drink on a regular basis.*

- [illegible]

2. Tell me about the types of alcohol and when you were drinking them. **Continue to add additional columns as needed on tablet computer.**

Period	1	2	3
a. At what age did you first start to drink/when you next began to drink?	____	____	____
b. How many cans, bottles or 12 oz of beer did/do you drink?	( ) <sub>1</sub> Per day ( ) <sub>2</sub> Per wk. ( ) <sub>3</sub> Per mo. ( ) <sub>4</sub> Per yr.	( ) <sub>1</sub> Per day ( ) <sub>2</sub> Per wk. ( ) <sub>3</sub> Per mo. ( ) <sub>4</sub> Per yr.	( ) <sub>1</sub> Per day ( ) <sub>2</sub> Per wk. ( ) <sub>3</sub> Per mo. ( ) <sub>4</sub> Per yr.
c. How many 4 oz glasses of wine did/do you drink?	( ) <sub>1</sub> Per day ( ) <sub>2</sub> Per wk. ( ) <sub>3</sub> Per mo. ( ) <sub>4</sub> Per yr.	( ) <sub>1</sub> Per day ( ) <sub>2</sub> Per wk. ( ) <sub>3</sub> Per mo. ( ) <sub>4</sub> Per yr.	( ) <sub>1</sub> Per day ( ) <sub>2</sub> Per wk. ( ) <sub>3</sub> Per mo. ( ) <sub>4</sub> Per yr.
d. How many 1 ½ oz. shots of liquor, by itself or in a drink did/do you drink?	( ) <sub>1</sub> Per day ( ) <sub>2</sub> Per wk. ( ) <sub>3</sub> Per mo. ( ) <sub>4</sub> Per yr.	( ) <sub>1</sub> Per day ( ) <sub>2</sub> Per wk. ( ) <sub>3</sub> Per mo. ( ) <sub>4</sub> Per yr.	( ) <sub>1</sub> Per day ( ) <sub>2</sub> Per wk. ( ) <sub>3</sub> Per mo. ( ) <sub>4</sub> Per yr.
e. Have you ever stopped drinking or changed your patterns for more than 12 months?	( ) <sub>0</sub> No ( <b>Skip to 3</b> ) ( ) <sub>1</sub> Stopped ( ) <sub>2</sub> Changed pattern	( ) <sub>0</sub> No ( <b>Skip to 3</b> ) ( ) <sub>1</sub> Stopped ( ) <sub>2</sub> Changed pattern	( ) <sub>0</sub> No ( <b>Skip to 3</b> ) ( ) <sub>1</sub> Stopped ( ) <sub>2</sub> Changed pattern
f. What age did you stop drinking or change your patterns for more than 12 months?	____	____	____

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3. Have you had any alcoholic beverages such as beer, wine or liquor in the last 7 days?  
 ( )<sub>0</sub> No **(Skip to next section)** ( )<sub>1</sub> Yes

4. In the last seven days, how much did you drink of the following?:	Number:
a. Cans, bottles or 12 oz. glass of beer	_ _ _
b. 4 oz. glasses of wine	_ _ _
c. 1 ½ oz. shots of hard liquor or drinks containing a shot of hard liquor	_ _ _

**ALCOHOL HISTORY** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**MEDICAL HISTORY: GENERAL**

*Now I would like to ask you some questions about your medical history and your health.*

1. Have you ever been diagnosed with cancer (prior to your current diagnosis- if cancer case)?

( )<sub>0</sub> No **(Skip to 3)** ( )<sub>1</sub> Yes

2. What type of cancer(s)? \_\_\_\_\_ (cancer organ dictionary, add rows as needed)

3. What is your current weight? \_\_\_\_\_ lbs

4. What was your weight 10 years ago? \_\_\_\_\_ lbs

5. What was your weight 2 years ago? \_\_\_\_\_ lbs

6. How tall are you? \_\_\_\_\_ feet \_\_\_\_\_ inches

**MEDICAL HISTORY: GENERAL** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**MEDICAL HISTORY (I)**

1. Please answer the following questions about pain relievers that you may have taken regularly during the past 5 years, at least 1 pill/week for 2 months.

Have you taken the following regularly - at least 1/week for 2 months during the past 5 years?	How many pills per day or week did you take regularly, during the past 5 years?	How long did you take regularly, during the past 5 years?	Did you take regularly one year prior to interview?
<b>a. Aspirin or aspirin containing compounds (such as Bufferin, Anacin, Ascriptin, Excedrin)</b> <input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know	_____ # pills per: <input type="checkbox"/> <sub>1</sub> day <input type="checkbox"/> <sub>2</sub> week <input type="checkbox"/> <sub>8</sub> Don't know	_____ <input type="checkbox"/> <sub>1</sub> weeks <input type="checkbox"/> <sub>2</sub> months <input type="checkbox"/> <sub>3</sub> years <input type="checkbox"/> <sub>8</sub> Don't know	<input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know
<b>b. Tylenol and acetaminophen compounds (such as Tylenol or Aspirin-free Anacin, or Excedrin-PM)</b> <input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know	_____ # pills per: <input type="checkbox"/> <sub>1</sub> day <input type="checkbox"/> <sub>2</sub> week <input type="checkbox"/> <sub>8</sub> Don't know	_____ <input type="checkbox"/> <sub>1</sub> weeks <input type="checkbox"/> <sub>2</sub> months <input type="checkbox"/> <sub>3</sub> years <input type="checkbox"/> <sub>8</sub> Don't know	<input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know
<b>c. Pain relievers not containing aspirin or Tylenol (such as Aleve, Ibuprofen, Motrin, Advil, Nuprin, Naprosyn, Feldene, Indocin, Clinoril)</b> <input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know	_____ # pills per: <input type="checkbox"/> <sub>1</sub> day <input type="checkbox"/> <sub>2</sub> week <input type="checkbox"/> <sub>8</sub> Don't know	_____ <input type="checkbox"/> <sub>1</sub> weeks <input type="checkbox"/> <sub>2</sub> months <input type="checkbox"/> <sub>3</sub> years <input type="checkbox"/> <sub>8</sub> Don't know	<input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know

2.	Did a doctor ever tell you that you had?	Yes/No	How old were you when you were first diagnosed? DK = 888, condition at birth =000
a.	Chronic bronchitis	<input type="checkbox"/> <sub>0</sub> No <b>(Skip to 1b)</b> <input type="checkbox"/> <sub>1</sub> Yes	____ _
b.	Emphysema	<input type="checkbox"/> <sub>0</sub> No <b>(Skip to 1c)</b> <input type="checkbox"/> <sub>1</sub> Yes	____ _
c.	Asthma (check all that apply) <input type="checkbox"/> Childhood <input type="checkbox"/> Adult	<input type="checkbox"/> <sub>0</sub> No <b>(Skip to 1d)</b> <input type="checkbox"/> <sub>1</sub> Yes	____ _
d.	Tuberculosis	<input type="checkbox"/> <sub>0</sub> No <b>(Skip to 1e)</b> <input type="checkbox"/> <sub>1</sub> Yes	____ _

I.D. # \_ \_ - \_ \_ - \_ \_ \_ \_ \_ \_

e.	Asbestosis	( ) <sub>0</sub> No <b>(Skip to 1f)</b> ( ) <sub>1</sub> Yes	_ _ _
f.	Lung disease, other than cancer (specify) *do not include current lung cancer (FREQUENCIES BY LENKA)□□	( ) <sub>0</sub> No <b>(Skip to 1g)</b> ( ) <sub>1</sub> Yes	_ _ _
g.	Diabetes (check all that apply) ( ) Childhood ( ) Adult	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	_ _ _

**MEDICAL HISTORY (I)** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**MEDICAL HISTORY (III)**

1. Have you ever had a blood transfusion?  
☐ <sub>0</sub> No (**Skip to 4**) ☐ <sub>1</sub> Yes ☐ <sub>8</sub> Don't know
2. How many times have you had a blood transfusion in your life?  
☐ <sub>1</sub> One time  
☐ <sub>2</sub> 2-4 times  
☐ <sub>3</sub> 5 times or more  
☐ <sub>8</sub> Don't know
3. When was the last time you had a blood transfusion?  
 Year \_ \_ \_ \_ \_  
 (calculate if he/she said how many years ago or age)  
 Fill 8's for Don't know
4. Have you ever donated blood?  
☐ <sub>0</sub> No (**Skip to 7**) ☐ <sub>1</sub> Yes ☐ <sub>8</sub> Don't know
5. How many times have you donated your blood?  
☐ <sub>1</sub> One time  
☐ <sub>2</sub> 2-4 times  
☐ <sub>3</sub> 5 times or more  
☐ <sub>8</sub> Don't know
6. When was the last time you donated your blood?  
 Year \_ \_ \_ \_ \_  
 (calculate if he/she said how many years ago or age)  
 Fill 8's for Don't know
7. Did any doctor ever tell you that you have diabetes (too high or too low sugar level)?  
☐ <sub>0</sub> No (**Skip to next section**)  
☐ <sub>1</sub> Yes  
☐ <sub>8</sub> Don't know
8. Do you need any insulin for diabetes?  
☐ <sub>0</sub> No  
☐ <sub>1</sub> Yes  
☐ <sub>8</sub> Don't know

<b>MEDICAL HISTORY (III)</b> <input type="radio"/> <sub>1</sub> Very good <input type="radio"/> <sub>2</sub> Good <input type="radio"/> <sub>3</sub> Fair <input type="radio"/> <sub>4</sub> Poor
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**FAMILY HISTORY: GENERAL**

*Now, I would like to learn about the members of your family.*

1. Has anyone in your family that is related to you by blood, ever been told they have cancer, include children, parents, grandparents, brothers, sisters?

( )<sub>0</sub> No (**Skip to next section**) ( )<sub>1</sub> Yes

Add rows as needed

2. Which relative?	First name	Where did the cancer start? DK = 888
a. shortened dictionary  <input type="checkbox"/> <input type="checkbox"/>		(DICTIONARY ADDED INTO TABLET COMPUTERS)  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. shortened dictionary  <input type="checkbox"/> <input type="checkbox"/>		(DICTIONARY ADDED INTO TABLET COMPUTERS)  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**FAMILY HISTORY: GENERAL** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor



**REPRODUCTIVE HISTORY (I)**

*This next set of questions may seem personal, but remember that your answers are very important to us.*

1. Have you ever been pregnant? ( )<sub>0</sub> No **(Skip to 7)** ( )<sub>1</sub> Yes

2. How many times have you been pregnant? \_ \_

	1	2	3	4	5	6	7	8	9	10	11	12
<b>3. How old were when you became pregnant?</b> (Should be chronological)												
<b>4. What was the outcome of this pregnancy?</b> (Check one for each pregnancy)												
01 Single live birth												
02 Multiple live birth, any living												
03 Multiple birth, none living												
04 Stillbirth												
05 Miscarriage												
06 Induced Abortion												
07 Ectopic or tubal												
08 Currently pregnant												
09 Other (specify) _____ (Write in tablet computers- don't code)												
<b>If R had no live births, Skip to 7</b>												
	1	2	3	4	5	6	7	8	9	10	11	12
<b>5. Did you breast feed any of these babies for at least two weeks or longer?</b> ( ) <sub>0</sub> No <b>(Skip to 7)</b> ( ) <sub>1</sub> Yes												
<b>6. For how many weeks did you breast feed these babies, until you stopped all together?</b>												

7. At what age did you have your first menstrual period? \_ \_

8. At what age did your menstrual periods become regular? \_ \_  
(77 = period never became regular)

9. Has a doctor or other health professional ever told you that you had completed menopause or the change in life? ( )<sub>0</sub> No ( )<sub>1</sub> Yes
10. Have you ever used hormonal medications just before, during or after menopause, such as pills, vaginal creams, shots, suppositories or skin patches? ( )<sub>0</sub> No **(Skip to next section)** ( )<sub>1</sub> Yes

		At what age did you start to use them?	Total number of years used? 77= still using
a. Estrogen pills (Premarin, Estrace, Estratab, Ogen)	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __
b. Progesterone pills (Progestins, Provera, Megace)	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __
c. Estrogen and progesterone pills (Prempo)	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __
d. Estrogen and testosterone (Estratest)	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __
e. Estrogen vaginal cream	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __
f. Estrogen shots	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __
g. Estrogen skin patches (Estraderm)	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __
h. Estrogen patch and progesterone pills	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __
i. Suppository	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __
j. Other (Write in tablet computers- don't code)_____	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	__ __	__ __

**REPRODUCTIVE HISTORY (I)** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**REPRODUCTIVE HISTORY (II)**

1. Have you used birth control or family planning during your life?

( )<sub>0</sub> No **(Skip to 3)**( )<sub>1</sub> Yes

2. What type of birth control or family planning, if any, have you used during your life?	At what age did you start?	At what age did you stop? 77= still using
a. Birth control pills ( ) <sub>0</sub> No <b>(Skip to b)</b> ( ) <sub>1</sub> Yes	— —	— —
b. Birth control shots or injections ( ) <sub>0</sub> No <b>(Skip to c)</b> ( ) <sub>1</sub> Yes	— —	— —
c. Implants, such as Norplant ( ) <sub>0</sub> No <b>(Skip to d)</b> ( ) <sub>1</sub> Yes	— —	— —
d. IUD, intrauterine device, such as a loop or coil ( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	— —	— —

3. Did you ever have your tubes tied, sterilization? ( )<sub>0</sub> No **(Skip to 5)** ( )<sub>1</sub> Yes

4. When did the surgery take place? \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ \_

5. Did you ever use birth control pills, shots or implant for any reason other than birth control? ( )<sub>0</sub> No **(Skip to 7)** ( )<sub>1</sub> Yes6. What was the reason? *Please answer yes or no to the following.*a. Regulate periods ( )<sub>0</sub> No ( )<sub>1</sub> Yesb. Acne ( )<sub>0</sub> No ( )<sub>1</sub> Yesc. Cramps or painful ovulation ( )<sub>0</sub> No ( )<sub>1</sub> Yesd. Menopausal symptoms ( )<sub>0</sub> No ( )<sub>1</sub> Yese. Other ( )<sub>0</sub> No ( )<sub>1</sub> Yes

specify \_\_\_\_\_ (write in do not code)

7. Have you had a menstrual period in the last 6 weeks? ( )<sub>0</sub> No ( )<sub>1</sub> Yes8. Are you still menstruating? ( )<sub>0</sub> No ( )<sub>1</sub> Yes **(Skip to next section)**

9. At what age was your last menstrual period? \_ \_ \_

10. What was the reason that your menstrual periods stopped?

- ( )<sub>1</sub> Change of life or natural Menopause
- ( )<sub>2</sub> Hysterectomy, still has ovaries
- ( )<sub>3</sub> Hysterectomy, ovaries removed
- ( )<sub>4</sub> Hysterectomy, don't know whether ovaries removed
- ( )<sub>5</sub> Currently pregnant
- ( )<sub>6</sub> Other reason (specify why): (Write in tablet computers- don't  
code)\_\_\_\_\_

**REPRODUCTIVE HISTORY (II)** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**OCCUPATIONAL HISTORY**

*Next, I would like to ask you some questions about your current and past jobs.*

1. Are you currently employed? ( )<sub>0</sub> No (**Skip to 3**) ( )<sub>1</sub> Yes
2. What is your current job title? \_\_\_\_\_ ~~~
3. What is or was your usual occupation for your adult life? That is, what occupation did you work at the longest during your adult life?

(If R never worked, Skip to next section) ~ Never worked

\_\_\_\_\_ ~~~

4. What is or was your usual activities in this job? (**Relates to Question 3**)  
\_\_\_\_\_
5. In what kind of business or industry did you work the longest in your life?

\_\_\_\_\_ ~~~

Take out? In version 1.9 Question 6 "Have you ever had a job in the following industries?" Ship building, construction, fishing, etc. **LENKA -FREQUENCIES**

**OCCUPATIONAL HISTORY** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**GENERAL INFORMATION**

1. What was the highest level of education that you completed?
  - ( )<sub>1</sub> Elementary School (5th or 6th grade)
  - ( )<sub>2</sub> Middle or Junior High School (7th, 8th or 9th grade)
  - ( )<sub>3</sub> 10th or 11th grade
  - ( )<sub>4</sub> High School or GED (12th grade)
  - ( )<sub>5</sub> Some College (includes AA degree)
  - ( )<sub>6</sub> Technical School
  - ( )<sub>7</sub> College
  - ( )<sub>8</sub> Professional School (includes MS, PhD, MD, etc)
2. What is your current level of household income per year?
  - ( )<sub>1</sub> Less than \$10,000
  - ( )<sub>2</sub> \$10,000-29,999
  - ( )<sub>3</sub> \$30,000-59,999
  - ( )<sub>4</sub> \$60,000-90,000
  - ( )<sub>5</sub> Greater than \$90,000
  - ( )<sub>8</sub> Don't Know/Refused
3. How many people are currently supported in your household?  
 \_\_\_\_\_  
 Fill in with 8s for Don't Know/Refused.
4. Are you having any surgery in the near future?  
 ( )<sub>0</sub> No (Skip to 7)      ( )<sub>1</sub> Yes
5. What kind of surgery are you having? \_\_\_\_\_ ~~~.~~
6. When are you having this surgery? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
7. May we contact you again later if we need to clarify any of the information you have provided.      ( )<sub>0</sub> No      ( )<sub>1</sub> Yes
8. Time ended: \_\_\_\_ : \_\_\_\_      ( )<sub>1</sub> AM      ( )<sub>2</sub> PM
9. Interviewer's Signature: \_\_\_\_\_

**First get specimen samples and then provide reimbursement of \$25.**

☐ **Blood Specimen Collected**    ☐ **Urine Specimen Collected**

**INTERVIEWER REMARKS**

